statement of

PLACE OF DEATH	ST @a CER
County /Conf-	GEO CEI
Village or City Andley (No	St.;
2 FULL NAME Charles /temp	adons
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL C
3 SEX 4 COLOR OR RACE 5 SINGLE, WARRIED HARRIED	16 DATE OF DEATH
made Council OR DIVORCED	
6 DATE OF BIRTH	1. I HEREBY CERT
May 3 ,876	that I last saw have ali
7 AGE (Ment) (Day) (Year)	and that death occurred on
57 9   I day hrs	The CAUSE OF DEATH
8 OCCUPATION (a) Trade, profession or July an	
particular kind of work	
business, or establishment in	
PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  WIDOWED  OR BIRTH  Colored  WIDOWED  OR BIVORCED  (Write the word)  OATE OF BIRTH  May  3, 870  (Worth)  (Day)  (Year  GE  If LESS th  I dayh  CCUPATION  a) Trade, profession or Particular kind of work  b) General nature of industry  Pusiness, or establishment in Phich employed or (employer)  BIRTHPLACE  (State or country)  IN PAME OF  FATHER  Sunce Size  11 BIRTHPLACE  OF FATHER  (State or country)  Wilson  12 MAHDEN NAME  OF MOTHER  (State or country)  Wilson  13 BIRTHPLACE  OF MOTHER  (State or country)  Wilson  14 Sultetter  15 BIRTHPLACE  OF MOTHER  (State or country)  Wilson  16 NAME OF  FATHER  Sunce Size  OF MOTHER  (State or country)  Wilson  18 BIRTHPLACE  OF MOTHER  (State or country)  Wilson  19 MAHDEN NAME  OF MOTHER  (State or country)  Wilson  10 Sultetter  11 BIRTHPLACE  OF MOTHER  (State or country)  Wilson  12 MAHDEN NAME  OF MOTHER  (State or country)  Wilson	Contributory
	(Signed)
T OF FATHER	*State the Disease Violent Causes, state (1
	Accidental, Suicidal or 18 LENGTH OF RESIDEN
13 BIRTHPLACE OF MOTHER	At place of death yrsmos
	Where was disease contracted, if not at place of death?
(Informant) Benj · adams.	Former or usual residence
(Address) Willington, Mr.	19 PLACE OF BURIAL OF
Filed Het 16- 1934 ellegatt Brice	20 UNDERTAKER
Dent Registrar	Allen C. Vole

ATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and ..... Ward)

number.)

### ERTIFICATE OF DEATH

(Mouth)

IFY, That I attended the deceased from

the date stated above, at 4.

was as follows:

Causing Death, or, in deaths from 1) Means of Injury; and (2) whether Homicldal.

CE (For Hospitals, Institutions, Trans-

In the State, ..... yrs., .... mos, ..... de.

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Honsekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm luborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation - Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meaningitis"); Diphtheria (avold use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

quences (e.g., sepsis, tetanns) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and consetrain-accident; Revolver around of head-homicide; rhage," "Inauition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suigidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resuiting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "fumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; ...... (name orighn; "Cancer" is less definite; avoid of "contributory." (Recommendations on state-"Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; Example: Measles (disease Always qualify all The contributory "Coma," The na-(second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11686
1. PLACE OF DEATH	23
County Kent	Registration Dist. No.
Village or City Belleslors Md	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thellians frace 13	rouman
(a) Residence: Np.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonrerident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Gel 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. JI HEREBY CERTIFY, That I attended decaased from 26, 134 to 746 3 1924
6. DATE OF BIRTH (month, day, and year) ang 29 / 870	I last (say h man alive on \$263, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
63 5 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	(Professional Atemas & a.)
Industry or business in which work was done, as SILK MILL, Fisherman	The state of the s
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total tima (years) this occupation (month and spant in this	
year) occupation occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland	
(State or country)  13. NAME William & Bowman	Inserculoses
14. BIRTHPLACE (city or town) - Pennsylvania (Stale or country)	Name of operation Date of
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) - Day and law	23. If death was due to external causes (VIDL ENCE) fill In also the following:  Accident, suicide, or homicida?
17. INFORMANT al, Bowman	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, DR. REMOVAL	Manner of injury
Place Still Poud Mobate Tel 6 , 1934	Nature of injury
19. UNDERTAKER 3R Tollows (Address) Till Found m	24. Was disease or injury In any way related to occupation of deceased?
20. FILED FFEL 6, 1934 J. Relails. Registrar.	(Signed) J. G. While M. D. (Address) Stul Pend and
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
MAR 2 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

			OF MARY	LAND-	CERTIFICATE OF DE	ATH 01687	7
1	. PLACE OF DEA	TH			92-0		
	County /	#			Registration	on Dist. No. 204	
	Village or City	audy	Lallon	e e	No	St.,	Ward
	Length of residance in c	ty or town where	death occurred	yrs	death occurred in a horpital or institution, give its NAds. How long In U.S. if of foreign birth?	.ME instead of street and number)	ds.
2	. FULL NAME	Nigh	a le	rcy!	Justen		
	(a) Residence: No	fu	didy to	allow	- St., Ward.		
-	PERSONAL AN	DSTATIST	(Usual place of			ent give city or town and State	
3. 5		R OR RACE	5. SINGLE, MARRI		MEDICAL CERTIFICA	TE OF DEATH	
	Male . 1	30/	OR DIVORCED		Jeb.	13 102 4	(
5a.	If married, widowed, or divo	read	1 pose		(Month)	(Day) (Yea	ir)
	HUSBAND of (or) WIFE of	1000			22. HEREBY CERTI	FY, Thet I attended daceased	from
			11		Jan. 151 , 1934, to	Jeb. 13 195	- /
6. I	ATE OF BIRTH (month, da	y, and yeer)	Feb - 12	11928	I last saw h see alive on Til	- 13 , 19 34; death is	s said
7. A	GE Yaars	Months	Days /	If LESS than	to have occurred on the dete stated above, at	Pim.	
	(a	0	/	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related or were as follows:		
Z	8. Trada, profession, or pro- kind of work done, SAWYER, BOOKKEE	erticular as SPINNER			69	Date of	
OCCUPATION					Chainsle Endos	uletie	
UPA	9. Industry or business in work was done, as S	SILK MILL.			(		
2	SAW MILL, BANK, a	kad at	11. Total time	(veers)			
0	this occupation (mor	nth and —	spent occupa	n this			
		1	100		Other Contributory Causes of Importanca:		
12.	BIRTHPLACE (city or town) (State or country)	V Carr	22				
2	13. NAME Plant	1	13.11	1	Manualle		
FATHER	70000	N	100	new			
FA	14. BIRTHPLACE (city or to (State or country)	wn)	W- No	201	Name of operation		
~	15. MAIDEN NAME		11.	La:	What test confirmed diagnosis?		
MOTHER		nnu	wag	WI	23. If daath was due to axtarnal causes (VIOLENCE)		
MO	16. BIRTHPLACE (city or to (State or wountry)	wn). Lle	1 20	<i>y</i>	Accidant, suicide, or homicide?	Date of injury, 19.	
-	(State of Founty)	1.41	g our		Whare did injury occur?(Specify city	or town, county and State)	
17.	NFORMANT Place	but a	ordew	-/	Specify whether injury occurred in INDUSTRY, in	HOME, or In PUBLIC PLACE.	
18.	(Addrass) ACC BURIAL, CREMATION, OR R	EMOVAL	lacer.	/ns			
	Place endy both	toru	Date tob. /	6 1934	Manner of injury		
	ne	h	1		Nature of injury		
19.	UNDERTAKER (Address)	mill	Mianus		24. Wes disease or injury in any wey related to occ	upation of deceased?	
20, 1	FILED TELL 124, 1	Dh.	fruits	(	If so, specify (Signet)  (Signet)	with	M. D.
	/			Registrar.	(Address) Dlessler		
		If more	blanks are needed, add	ress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. N	lo r	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B

19. UNDERTAKER

(Address)

OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 01688
1. PLACE OF DEATH	(97)
County Ment	Registration Dist. No. 202
Village or City Sustification	No. St., Ward
. (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wenzella Lar	R
(a) Residence: No. 100 Church	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	The Death office 2 102 A
5a. If married, widowed, og divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of	22. / I/HEREBY CERTIFY. That I attended deceased from
Julia Land	Feb 3 1983 to Jeh 3 19 33
6. DATE OF BIRTH (month, day, and year) Is ule nown 1859	I last saw her elive on Feb 3, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$300cm.
75 and now I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade explanation or earlierly	Date of onset
SAWYER, BOOKKEEPER, etc.	actions reterms fort
9. Industry or business in which work was done, as SILK MILL.	land
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
this occupation (month and spent in this all year)	
Odintie James my	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E / / / / / / / / / / / / / / / / / / /	
L (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (CITY OF TOWN)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LEGICLA LUISSI	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Addre	Manage of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

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Example I	Apr. spane	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

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- 1	ì	1	g.	9	N	Á
-	7	L.	U	)	8	9.

1. PLACE OF DEATH		
County Kent		Registration Dist. No. 202
,	rtown Md	
,		If death occurred in a hospital or institution, give its NAME instead of street and number)
		osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby Dur	ham	
(a) Residence: No. None		St., Ward.
	(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	or Divorced (write the word)	21. DATE OF PEATHO. 1934
		(Month) (Oay) (Year)
5e. If married, widowad, or divorcad HUSBANO of (or) WIFE of Sing	-la	22. I HEREBY CERTIFY, That I ettended daceased from
DINE		\$till Born, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	Feb.20.1934	I last sew h; death is said
7. AGE Years Months	Oays If LESS then 1 day, Qhrs	to have occurred on the date steted above, at_12_26_m.
0 0	ormin.	mer as follows:
8. Trade, profession, or particular	None	Oata of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
9. Industry or businass In which work was dona, as SILK MILL,	None	Still Born
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc	11. Total time (yaars)	
O this occupetion (month and year)	spent in this	
hester		Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)		
1 4 4 197 115	1	Still Born
E Na		
(State or country)		Name of operation
E 15. MAIOEN NAME FONZA Guis	añr	What test confirmed diagnosis?NQDE Wes thera an autopsy?
	mg .	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? <u>no</u> Dale of injury
		Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Mrs Herman Dan (Address) Chesterton	m Md.	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL hestertown Md	Feb 20.1934	Mannar of injury none
Placa hestertown Md	Date	Nature of injury none
19. UNOERTAKER Language K	Varsall	24. Was disease or Injury in any way related to occupation of deceased?
(Addrass) Chesterlown	me	If so, spacify
20 FUED 7et 2034	W.T. Weeks	(Signed) Aun S Man
20. FILEU_F. Y.Y, 19. Y	Registrary	(Address) Chestertown Md.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

TION is very important.

STATE OF MAI	RYLAND-CERTIFICATE	OF	DEATH	
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U	I	6	1	U	

1. PLACE OF DEATH	27-6
County Rept Character County	Registration Dist. No. 202
Length of residence in city or fown where death occurred 25 yrs.	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Im. Clear (a) Residence: No. Loute 3	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIVORCED (white the w	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Jan. 18 EBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Quv 7, 190	7 I last saw h. M. alive on Feb. 193 to death is said
7. AGE Years Months Days If LESS I day, or	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Labor SAWYER, BOOKKEEPER, etc.	Extanston from Tuber - Date of onset Cufores of hile and 1082
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  IO Date deceased last worked at this occupation (month and 1923	thigh
10. Date deceased last worked at this occupation (month and 1933 spent in this year)	fe
12. BIRTHPLACE (city or town) Kent County  (State or country)  And	Other Contributory Causes of importance:
II 13. NAME It. D. Elias	
13. NAME IT. D. Clear  14. BIRTHPLACE (city or town) Kent County  (State or country)	Name of operation Date of
I 15. MAIDEN NAME Sellian Forduer	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lellean Forture  16. BIRTHPLACE (city or town) Kent Ceruly (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT It. Bleas (Address) Chistintory Route	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Parsona Date 9et 22,	Manner of injury
19. UNDERTAKER as love to the same (Address) Chester and	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED Fet 21, 1934 W.J. Heck	(Signed) On Mu. Chehrond M.D.  strar. (Address) Chestertown Md,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH

County Kent	CERTIFICATE OF DEATH
Village or City Millington (No	Registration Dist. No.  St.: Ward)  A hospital or institution, give Its NAME is stead of street are number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Feb. 3 198 \(\(\frac{1}{2}\) (Month) (Day) (Year)
DATE OF BIRTH  Quy 27, 1863  (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That Lattended the deceased from 17 1924 to Fib 3 - , 1924 to Fib 3 - , 1924 that I last saw him alive on Fib 3 . , 1927
70 yrs. 5 mos. ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos do
10 NAME OF FATHER Pichard C. Hedderan  11 BIRTHPLACE OF FATHER ((State or country))  Md.	(Signed) M. 1  2,4 (Address) M. 1  *State the Discase Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Servel, Wight  13 BIRTHPLACE OF MOTHER (State or Country).	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
(Informant) Maria Q. Heddeman	if not at place of dea.h?  Former or usual residence
(Address) millington, mel.	19 PLACE OF BURIAL OR REMOVAL  Clillington  Heb. 6, 193
	COUNDERTAKER ADDRESS .

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(Approved by U. S. Census and American Public Health Association.)

tired. 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day 9 materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B

	STATE (	OF MARYLAND—	CERTIFICATE OF DEATH	1692
1. PLACE O	100 /		108	2/
County		- 7/ 4 mo	Registration Dist. No.	
Village or (	city tourstas	in Worlow & 1 4	NoSt., f death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of res	idence in city or town where		sds. How long in U.S. if of foreign birth?yrsmc	
		nex - Huch	Ct Wd	
(a) Resider	ice: ND.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH TILL 4 (Month) (Day)	, 193 4
5a. If married, widow HUSBAND of (or) WIFE of	Lengra	- Dorisam	22. HEREBY CERTIFY, That I attended	deceased from
		D. 7 73,011	Hast saw h alive on Fact. 3	, 19.3 %
7. AGE Yes	(month, dey, and yeer) Z ars Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et . 5 . 3 . Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
_   Trade, profe	ession, or perticular	ormin.	were es follows	Date of ogsel
SAWYER  9. Industry or	work done, as SPINNER, BDDKKEEPER, etc. business in which s done, as SILK MILL, LL, BANK, etc.	work	Lobor preumonia. Ceus ??	Fish GA
10. Date deceas	ed last worked at pation (month end	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (ci		ryland	Other Contributory Causes of importance:  Associating general constitutional	
1	Samuel	Harbett	dificulty	
13. NAME 14. BIRTHPLACE (Stete of	(city or town)	ryland	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NA	IME UN	Kriown	23. If death was due to external causes (VIDLENCE) fill in also the following	
15. MAIDEN NA  16. BIRTHPLACE (Stete or	(city or town)————————————————————————————————————	ryland	Accident, suicide, or homicide? Date of injury	
17. INFDRMANT (Address)	levigiana	Hockets	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	NCE.
18. BURIAL, CREMAT	TIDN, DR REMOVAL	1 Date 1-10-8, 1934	Manner of Injury	
19. UNDERTAKER (Address)	BRES	ellows	24. Was disease or injury in any way related to occupation of decessed?	
20. FILED THEL	8,1934	Melach Registrar.	(Signed) Dr. Itra Vichmond	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBALL V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	01693

1. PLACE OF DEATH	93-0
County Keut	Registration Dist. No. 203
Village or City Kinners neck	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME fames / homas Kell	
(a) Residence: No. Survey Qualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH TO 10 14
male white marricel (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE. of Darah & Helly	Januar 6th 19 31 to Telmars 19 th 19 H
6. DATE OF BIRTH (month, day, and year) UNA 5 1840	Hast saw h sus alive on February 19 th 19 84; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at \$05.P.m.
73 8 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trada profession or particular	dironic Ingocarditis
SAWYER, BOOKKEEPER, etc., Waterman	careliar decompensation
S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	anasarka
(1) 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 1933 spant in this 370 year)	
12. BIRTHPLACE (city or town) Rend- 40	Other Contributory Causes of importance:
(State or country) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Hyperteurion
# 13. NAME WM Gelley	
13. NAME WAY THERE (city or town) ROLL (0	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME CONST	23. If death was dua to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Wolf Known	Accident, suicide, or homicida?
(State of County)	Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT We and Reller	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wesley blookly Date Tel 23 , 1924	Nature of injury
19. UNDERTAKER DM W & DDA	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER W. W. 9009	If so, specify
20. FILED Fel. 21. 1934 Mrs. T. B. Durden	(Signed) albert a. Burgarel M.D.
Registrar.	(Address) Rock Hall hid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitiol nephritis	1.31	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAUV	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

1. PLAC	E OF DEATH			CERTIFICATE OF DEATH	0103
Coun	ty / Lens	_		Registration Dist. No.	-04
Villag	e or City Cons	edyink		No. St.  St.  death occurred in a horpital or institution, give its NAME instead of street	,W
Length	of residence in city or town w	here deeth occurred		ds. How long in U.S. if of foreign birth?yrs	
2. FULL	NAME Mary	W La	rub	No.	
(a) R	esidence: No.			St., Ward.	
Dec	COMA LUIS COM	(Usual place		If nonresident give city or town	Children .
	SONAL AND STAT			MEDICAL CERTIFICATE OF DEAT	H
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH of the 24	, 193 4 (Year
5a. If merried HUSBAN	, widowed, or divorced, Th	mas Lamb	10-00		· ·
(or) WIF		4171	830	22.   HEREBY CERTIFY, Thet I atter	dad deceased
	0	. 0 . 0 . 1 .	11850	16 Medical offler	19
6. DATE OF I	Yeers Month	s I ( Oevs	If LESS than	to heve occurred on the date steted above, et 5 3 0 A N	; deeth i
i. AGE	CII 7	-7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance	
1 6 T4-	04 1		ormin.	were as follows:	Date of
S. Irade	e, profession, or perticular Ind of work done, as SPINNER AWYER, BOOKKEEPER, etc	1.4			10
9, Indus	try or business in which	Zehre	A	Murio valerores	17
9. Indus S. 10. Date	ork wes done, as SILK MILL, AW MILL, BANK, etc			Circling Hausianton	700
	deceased last worked et is occupetion (month and	11. Totel ti	me (years)	9	7 70
	ear)		ntinithis pation	I must ale deadh	act to
	ACE (city or town)	elecoa	re	Other Contributory Canses of importance:	
1	10	10. H.			
Ξ	7000	Vol. Com	nd		
I4. BIRTH	HPLACE (city or town)	elewa	10	Name of operation Date	of
	.O. a A			What test confirmed diegnosis? Was there	en au'opsy?_
15. MAID 16. BIRTH	EN NAME FINA	a seen	nan	23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
	IPLACE (city or town)	Oo Down		Accident, suicide, or homicide? Oate of Injury	, 19
- ( ( )	State or country)	1 1	,	Where did injury occur? (Specify city or town, county and	State
17. INFORMAN (Addre	ess) /cm	iedy vil	le hid	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
	REMATION, OR REMOVAL	Sul Co	0	Manner of injury	
Plece.	compa	Dete /1_L	1-211934	Nature of injury	
19. UNDERTA		Pour ho	The state of the s	24. Was diseese or injury in any way related to occupation of deceased	Tes
20. FILED.	E117 1974	med	och	(Signed) Harry Le Dodd	Care

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU VSS.		+	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

should state of OCCUPA-

1. PLACE OF DEATH		(8)
County Kens		Registration Dist. No. 202
Village or City Clear  Length of residence in city or town where or		No. St., Was feath occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (4)	21. DATE OF DEATH Fib. 14 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	+ 27 1922	(Month) (Day) (Year)  22. I HEREBY CERTIFY. That I attended deceased for the second se
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 5	Days If LESS than f day,hrs. ormin.	to have occurred on the date stated above, at 3 M m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion	undetermined origin Feb.
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town)	stertoun maryland d miller	Other Courributory Causes of importance:  A any unknown
(State of country)	maryland	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
f5. MAIDEN NAME  f6. BIRTHPLACE (city or town)  (State or country)  f7. INFORMANT  (Address)	manyland Kett	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Chestuston Coule	y Date 2/16, 19.34	Manner of injury
19. UNDERTAKER (Address)  20. FILED PLAN 16, 19.3 4	entour, Md W.J. Hecks Registrar.	24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed) D: Im. Richmond  (Address) Busterbown Med

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLANLY, WITH V. S. No. 1

N. B.-

STATE OF MARYL	AND-CERTIFICATE	OF	DEATH
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10	10	0	0	0
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County  Village or City  Registration Dist. No.  St., Ward  Length of residence in city or town where death occurred.  J. FULL NAME  A STATE OF BERTH Innorth, day, end yeer)  S. HUNDEARD OF RACE  YEARS  REDICAL CERTIFICATE OF DEATH  22. I HER BY CERT IFX, That I ettended deceased from any life to the specific on the specific or were done as SPINING.  S. THERE DAYS C. TOTAL STATE OF DEATH  22. I HER BY CERT IFX, That I ettended deceased from any life to the specific or town and State.  BY TAGE  YEARS  WORTH OF DEATH  1. THE BY CERT IFX, That I ettended deceased from the specific or town and state.  TO DE deceased last worked at life or town and state.  S. HUNDEARD OF DEATH  1. THE STATE OF DEATH  22. I HER BY CERT IFX, That I ettended deceased from the delease of the specific or town and state.  TO DE the deceased last worked at life or town and state.  TO DE the deceased last worked at life or town and state.  S. HUNDEARD OF THE STATE OF DEATH  1. THE BY CERT IFX, That I ettended deceased from the delease of the state of above, at 3,55 pm.  1. THE STATE A STATE OF DEATH  1. THE BY CERT IFX, That I ettended deceased from the delease of the state of above, at 3,55 pm.  1. THE STATE A STATE OF DEATH  22. I HER BY CERT IFX, That I ettended deceased from the delease of importance were as follows:  1. SAM BILL, BOUNGER, C. T.	1. PLACE OF DEATH	9250
Content of residence in city or town where deeth occurred	County Keut	Registration Dist. No. 203
Length of residence in city or town where deeth occurred yrs	Village or City Ruche Hall	
2. FULL NAME  (a) Residence: No. Rock Hall  (b) Residence: No. Rock Hall  (c) St. Hall  (d) Residence: No. Rock Hall  (E) St. Ward.  It nonreident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED  OR DIVORCED (courted beyord)  4. Married, widowed, or divorced  (a) WHE of Mary  6. DATE OF BIRTH (month, day, end year)  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Day  11 LESS than  1 dey,min.  1 dey,min.  1 dey,min.  1 dey,min.  1 dey,min.  1 the PRINCIPAL CAUSE OF DEATH end releted causes of Importance  were stellows:  (Cattering RookKEPER, etc.  10. Date of cases list winds at the story of the stellow of the state of show, etc. 3.5 p.m.  Date of menth and years of the state of show, etc. 3.5 p.m.  1 dey,min.  2 de Tilet saw h. (u alve occurred on the dete stated above, et. 3.5 p.m.  1 de PINIPAL CAUSE OF DEATH end releted causes of Importance  were es tellows:  1 de Tilet saw h. (u alve occurred on the dete stated above, et. 3.5 p.m.  1 de PINIPAL CAUSE OF DEATH end releted causes of Importance  were es tellows:  1 de Date of minor releted causes of Importance  1 de Tilet saw h. (u alve occurred on the dete stated above, et. 3.5 p.m.  1 de Tilet saw h. (u alve occurred on the dete stated above, et. 3.5 p.m.  1 de PINIPAL CAUSE OF DEATH end releted causes of Importance  1 de Tilet saw h. (u alve occurred on the dete stated above, et. 3.5 p.m.  1 de PINIPAL CAUSE OF DEATH end releted causes of Importance  1 de Tilet saw h. (u alve occurred on the det stated above, et. 3.5 p.m.  1 de PINIPAL CAUSE OF DEATH end r		
(a) Residence: No. Rock (Unsaiplece of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (univirities yeard) OR DIVORCED (univirities) OR DIVORCED (univiriti	0 0m'	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED  OR DIVORCED Comine the yeard)  The principles of shoots of the particular of the years of the y	(0 /0 44 40	
3. SEX Nale Nale So Royore Marked Widowed, or divorced HUSENDO ON DIVORCED Comite the yeard) On Divorced Comite the yeard of		St., Ward.  If nonresident give city or town and State
male Hith Married widowed, or divorced HUSBADO of Corp Wife of Warried Widowed, or divorced HUSBADO of Corp Wife of Married Wisohado of Corp Wife of Married Wife of Warried Good of Corp Wife of Warried Wife of Warried Warried Warried Wife of Warried Good of Corp Wife of Warried		
59. It married, widowed, or divorced HUSBADO of Cor) WiFE of Mary C. Married, WiFE of Mary C. Married, WiFE of Mary C. Married HUSBADO of Cor) WiFE of Mary C. Married HUSBADO of Cor) WiFE of Mary C. Married HUSBADO of Cor) WiFE of Married HUSBADO of Cor)	OR DtVORCED (write the word)	telman 9" 1934
6. DATE OF BIRTH (month, day, end yeer)  7. AGE  7. AGA  7. AG	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, end yeer) Open 11 85-8  7. AGE Years Months Days' It LESS than to have occurred on the delectated above, at. 3.5 6 p.m.  7. G. Trade, profession, or particular members of the profession of the delectated above, at. 3.5 f.p.m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance mere est follows:  Date of the profession of particular members of the profession of the profession of the delectated above, at. 3.5 f.p.m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance mere est follows:  Date of the profession of particular members of the profession of t	(or) WIFE of Mary C. Marines	
Trade, profession, or particular and of the profession and of the professi	10	7.0 6.74
The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  Trade, profession, or particular for min.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  Trade, profession, or particular for min.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were est follows:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance:  The PRINCIPAL CAUSE OF DEATH and releted causes of importance:  The PRINCIPAL CAUSE OF DEATH and rele		
Report State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BIRTHPLACE (city or town) (State or country)  19. Marken Name  10. Birthplace (city or town) (State or country)  11. Informant (city or town) (State or country)  12. Informant (city or town) (State or coun	1 dev. hr	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
SWYER, BOKKEPER, etc.   Findustry or business in which was done as SPILNMEN, Boker Per etc.   Findustry or business in which was done as SILK MILL, Return for family was done as SILK MILL, BANK, etc.   To. Date decessed last worked et this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  But 13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place A Lady Lagol Date Feb. 11. 193. 7  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Signed)  A MALLER  MENDAL  (ADJUGATA  MENDAL  MEN	Trade profession or porticular	were es follows:
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  Delaware  13. NAME  14. BIRTHPLACE (city for town) (State or country)  Dete of (State or country)  Dete of (State or country)  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homloide?  Date of injury  Where did injury occur?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nemner of injury  Nemner of injury  Neture of injury  Nature of injury  Nature of injury  24. Was disease or injury in any way retated to occupation of deceased?  If so, specify  (Signed)  M. D.  Other Contributory Causes of importance:  Other Contributory  Oth	kind of work done, as SPINNER, of armer	Bilateral Pneumonia
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  Delaware  13. NAME  14. BIRTHPLACE (city for town) (State or country)  Dete of (State or country)  Dete of (State or country)  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homloide?  Date of injury  Where did injury occur?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nemner of injury  Nemner of injury  Neture of injury  Nature of injury  Nature of injury  24. Was disease or injury in any way retated to occupation of deceased?  If so, specify  (Signed)  M. D.  Other Contributory Causes of importance:  Other Contributory  Oth	9. Industry or business in which	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  Delaware  13. NAME  14. BIRTHPLACE (city for town) (State or country)  Dete of (State or country)  Dete of (State or country)  What test confirmed diagnosis?  Was there an au'opsy?  Accident, suicide, or homloide?  Date of injury  Where did injury occur?  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nemner of injury  Nemner of injury  Neture of injury  Nature of injury  Nature of injury  24. Was disease or injury in any way retated to occupation of deceased?  If so, specify  (Signed)  M. D.  Other Contributory Causes of importance:  Other Contributory  Oth	SAW MILL, BANK, etc. / Celired Farm	e)
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  11. INFORMANT (State or country)  11. INFORMANT (Address)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  19. UNDERTAKER (Signed)  10. UNDERTAKER (Signed)  10. UNDERTAKER (Signed)  10. UNDERTAKER (Signed)  11. INFORMANT (State or country)  12. Was disease or injury in any way retated to occupation of deceased?  15. So, specify (Signed)  16. So, specify (Signed)  17. INFORMANT (Specify city or town, county and State)  18. Specify (Signed)  19. UNDERTAKER (Signed)  19.		
(State or country)    13. NAME   Septe of Minner   14. BIRTHPLACE (city or town)   State or country)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   State or country)   16. BIRTHPLACE (city or town)   State or country)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER	year) occupation ag	Other Contributory Causes of importance:
13. NAME   14. BIRTHPLACE (city or town)   Neme of operation   Neme of operation   Dete of	10 1	
State or country   Delawase   What test confirmed diegnosis?   Was there an au'opsy?   State or country   Date of injury		- Mikal Mymysteron
State or country   Delawase   What test confirmed diegnosis?   Was there an au'opsy?   State or country   Date of injury	II 13. NAME Joseph J. Thimne	4
What test confirmed diegnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  10. 1924  11. 1934  12. What test confirmed diegnosis?  Was there an au'opsy?  Accident, suicide, or homloide?  Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nature of injury  19. UNDERTAKER  10. 1934  11. 1937  12. Was disease or injury in any way retated to occupation of deceased?  If so, specify  (Signed)  11. Order of Country of the country		Neme of operation Dete of Dete of
16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address) (Address)  19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Addr	(State of country) Vernical	What test confirmed diegnosis? Was there an au'opsy?
17. INFORMANT and County and State) 17. INFORMANT and County and State) 18. BURIAL, CREMATION, OR REMOVAL Place Lealey Chape Date Feb. 11, 1937 19. UNDERTAKER And Golden Tolden	I 15. MAIDEN NAME not known	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT and County and State) 17. INFORMANT and County and State) 18. BURIAL, CREMATION, OR REMOVAL Place Lealey Chape Date Feb. 11, 1937 19. UNDERTAKER And Golden Tolden	0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Lealey Chape Date 7 st. /1 , 193 to Nature of injury  19. UNDERTAKER Am Hond (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Maddress)  (Maddress)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	(State or country) not renown	Where did injury occur? (Specify city or town, county and State)
Place Healey Chape Date Feb. 11, 1937  Nature of injury  19. UNDERTAKER 21 m Hood  (Address) Church 75 ll mh  20. FILED Feb. 10, 1934 Mas. 7.18. Dursding  (Signed) Webert G. Gurgard M. D.		Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
19. UNDERTAKER 2/ m 24. Hood  (Address) Church 71. B. Dusding  20. FILED 721. 10, 1934 Miss. 7.18. Dusding  (Signed) Water of injury  21. Was disease or injury in any way retated to occupation of deceased?  (Signed) Water G. Grungard M. D.	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
(Address) Church 71-ll mh If so, specify  20, FILED 726: 10, 1934 Mrs. 7, 18. Dursdings  (Signed) Webert a. Grungard M. D.	Place I estly hope Date Tet. 11, 195	Nature of Injury
(Address) Church 71.16 md. If so, specify (Signed) Webert G. Burgard M. D.	19 UNDERTAKER IV m & Stand	24. Was disease or injury in any way retated to occupation of deceased?
20. FILED FW. 10. 1924 PRING. 1, 10.00 MINUME		If so, specify
		2 - 1 - 1 - 00 0

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago		
Arteriosclerosis	1915	Attack of epilepsy			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
MAR 1 1934					
Other contributory causes of importance:	•	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

should state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

01697

1. PLACE OF DEATH	
County Kent	Registration Dist. No. 4 13
Village or City Rock Hall	NDSt., Ward
The second control of	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William 4. Owens	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR BIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  Felman 15 (193 4 (Month) (Day) (Year)
HUSBAND OF Jala, M. Awens	22. I HEREBY CERTIFY, That I attended deceased from  Juneary 8th, 19 14, to July 15 77, 19 14
6. DATE OF BIRTH (month, day, and year) Telv. 1, 10 6 3  7. AGE Years Months Days If LESS than	I last saw h alive on Floracy 14 76 ,19 34; deeth is said
69 - 8 1 day,min.	THE TRINCIPAL CAUSE OF DEATH SHU TELEGIC CAUSES OF IMPORTANCE
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at 11. Total time (years)	Carline Decompens hon
this occupation (month and 1923 spant in this 403 spant in this 40	Other Cuntributury Causes of Importance:
1 6 41:	- Vi week
13. NAME William H, Clivers  14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Annie Armstrone 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Blanch a Copper (Address) Fork ball, that,	23. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Control 17. 1934	Manner of injury
19. UNDERTAKER Wm. H Good Mile Mile	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 16 , 1934 Miss. J. B. Dursdin	(Signed) Court G. Coursand M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	HAR I HAR	July 5,1927	Peritonitis	3 days ago		
	1 5 1 5 C - A					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

)
1

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPAstated EXACTLY. PHYSICIANS properly classified. IARGIN RESERVED FOR BINDING AGE should be supplied.

certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of N. B.—WRITE PLAINLY, WITH mation should be carefully TION is very important.

V. S. No. 1

1. PLACE OF DEATH	82:00
County Kerst	Registration Dist. No. 200
Village or City Halena	No. St., Ward
(It Length of residence In city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred yes mos.	ds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME CLESSON PACE	yman
(a) Residence: No. Allum Ma, (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 9
Male while www.	Tel- 28, 193 4
5a, If married, widowed, or divorced	(Month) (Day) (Yéar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
our of sury	19 10 19 19 19
6. DATE OF BIRTH (month, day, and year) (114 274-185)	I last saw h elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at almost 2Am.
8/ 6 // Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
Z 8. Trade, profession, or particular	Date of oncet
kind of work done, as SPINNER Relieved Minester-	Cerebra Herrortige Sulder
Kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.  9'Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this pocunation (month and specific property).	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of Importance:
12. BIRTIIPLACE (city or town) LOUI GUOUNG LOUIS	
(State or country)	
13. NAME (Lagwell Prellyment 14. BIRTHPLACE (city or town) & Del	
14. BIRTHPLACE (city or town) 49el	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME LAUCING Bryan	23. If death was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME LAWERICA Bryson  16. BIRTHPLACE (city or town) LOCK  (State or coupley)	Accident, suicide, or homicide? Date of Injury19
∑ (Stete or country)	Where did injury occur?
a Paymen Postlance	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT L College Man College Man (Address) Loleva Man College Man Colle	oran, manager and manager and a manager and
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Galeria Comelay Date Ollo 21 -1934	Nature of injury.
19. UNDERTAKER OF THESE	24. Was disease or Injury In any way related to occupation of deceased?
(Address) fusturiales Valde	If so, specify
Tel 19 24 g. Is Jours	(Signed) Sevil, Jones M. D.
20. FILED	(Address) Jalma md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

V. S. No. 1 N. B. of OCCUPA-

1 PLACE OF PEATU	ITE OF	MAK	ILAND-	CERTIFICAT	E OF D	EAIH ()	1699
1. PLACE OF DEATH	1-1	ח		57)		21	11
County Alex		0	0		Registr	ation Dist. No.	
Village or City 2	- Drick	nes	4	death occurred in a hospital or		St.,	Ward
Length of residence in city or	town where deet	h occurred	yrs,mos			th?rsr	
2. FULL NAME	2020	ax	attino				
(a) Residence: No.		The state of the	July	St., Ward.			
(a) Nestuence. No.		(Usual place o	f abode)	St.,ward.	If nonre	esident give city or town an	d State
PERSONAL AND S	TATISTIC	AL PARTIC	CULARS	MEDICA	L CERTIFIC	ATE OF DEATH	
3. SEX 4. COLOR OR	RACE 5.		(Twrite the word)	21. DATE OF DEA	TH		,
7	-	Mi	towed		(Month)	(Day)	(Year)
5a. If married, widowed, or diversed.	0	P 5		22. C I HERI	EBY CER	FIEW That I was to	
(or) WIFE of	Ne r	rec	cymean	a. The Ri	193 Q.	TIEN, That I attended	d deceesed from
6. DATE OF BIRTH (month, day, and	vear) In	ne 26	1861	I last saw h_la_ alive	on Je	L 10 19	: death is sale
7. AGE Yeers	Months	Days	If LESS then	to heve occurred on the det	te stated above, at	1045mf 200	, 00011113 3010
72	7	14	1 day,hrs.	The PRINCIPAL CAUSE OF were as follows:	F DEATH and relate		
Z Trade, profession, or perticular	ler		1 07-000-111111	arlen	· se	Cerrois	Date of onset
Kind of work done, as SF SAWYER, BDOKKEPER, Industry or business in which work was done, as SILK SAW MILL, BANK, etc  10. Dete deceased last worked a this occupation (month as the control of the con	etc		.,	artheri	Les 1	Ceforman	· low
9. Industry or business in which work was done, as SILK	MILL NO	use	No			7	1 cure
SAW MILL, BANK, etc 10. Dete deceased last worked e	at	11. Totel tin	na (veere)				
this occupetion (month ar		speni	tin this				
	00-	1-0	3	Other Contributory Causes	of importance:		1
12. B1RTHPLACE (city or town) (State or country)	She a	arise	and I		**-*		
13. NAME Quelon	F 60	90					
E	7	o acro	7	Name of a continu			
(State or country)	man	year	ud	Whet test confirmed diegno		Date of	
15. MAIDEN NAME	ache	eac	alduel	23. If death wes due to exter			
15. MAIDEN NAME  16. BIRTHPLACE (city or town)		.0	1	Accident, suicide, or homici			
(Stete or country)	Mass	yeu	ud	Where did injury occur?			
17. INFORMANT CLUVES	TA ST	6 Onest	1000	Specify whether injury occu	(Specify INDUSTRY)	city or town, county and Sta	ite)
(Address)	Tro	1 TAN					
18. BURIAL, CREMATION, DE REMOV	IAL IMP	Churce	5	Manner of injury			
Place OCIMPICES		Dete /_ (5	Tel-19-34	Neture of injury			
19. UNDERTAKER BIR	-Ta	Oline	3	24. Wes diseese or injury in	any wey related to	occupetion of deceased?	w
(Address)	U.P.	ond	mil	If so, specify	7	71	× • • • • • • • • • • • • • • • • • • •
20. FILED HEL14 1950	f YY	Race	ell	(Signed)	rote &	mper	P
	U		Registrar.	(Address)	tree	Leston	•

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Simpere

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-Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	STATE (	OF MARYLAND—	CERTIFICATE OF DEATH	700
1.	PLACE OF DEATH,			100
	County Kent	+	Registration Dist. No. 2	1 2 .
	Village or City near U	Indo		
-	Village of City 24440	(If	ND. St., death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in city or town where		ds. How long in U.S. If of foreign birth?yrsm	
2.	FULL NAME Eliza	abelle Cosa		
	(a) Residence: No.		St. Ward.	
-		(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7	exact Cold	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Price the word)	21. DATE OF DEATH  Pet 19  (Month) (Day)	, 193 3 4 (Year)
5a. I	f married, widowed, or divorced HUSBAND of	10-		
	(or) WIFE of	A. 1630	22. I HEREBY CERTIFY, That I attended	deceased from
	1853	unknown	E 2	1927
7. A	ATE OF BIRTH (month, day, and year)  GE Years Months	Days   If LESS than	to have occurred on the date stated above, at 6.30 m.	_; death is said
	about 81 Mars	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	8. Trade, profession, or particular	ormin.	were as follows:	Date of enset
NO	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House work	JA Concession	.3 ~ 7 yas
OCCUPATION	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.			-
000	10, Date deceased last worked at this occupation (month and year)	11. Total time (years) spantin this occupation		
	150	A CO	Other Contributory Causes of Importance:	
12. 1	SIRTHPLACE (city or town) (State or country)	me	Senility	
0	13. NAME SOLVEA	20000001		
E		O o order		
FA	14. BIRTHPLACE (city or town)	25 4	Name of operation Date of	
02		114.	What test confirmed diagnosis?	
MOTHER	15. MAIDEN NAME	John den	23. If death was due to external causes (VIOL ENCE) fill in also the following	
Š	16. BIRTHPLACE (city or town)	200	Accident, suicide, or homicide? Date of injury	, 19
	(State or country)	0 0-6	Where did injury occur? (Specify city or town, county and State	(a)
	NFORMANT ATAMAS (Address) Worlow	me Jelyhanere	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. E	JURIAL, CREMATION, OR REMOVAL	701 23	Manner of injury	
	Place Sulland	Date 19	Nature of injury	
19. UNDERTAKER Wand Judicles		icles o	24. Was disease or injury In any way related to occupation of deceased?	
	(Address) Cheslend	own Mic,	If so, specify	
20. F	HED Fet 22 1934	W.J. Ducks	(Signed) R. Many Michigan	M. D.

Registrar.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 9 1004			
Other contributory causes of importance:	i i	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	123		

ARGIN RESERVED FOR BINDING

V. S. No. 1

County Willage or City Willage	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City  Village or City  Understance in city or town where depth occurred yrs.  Langth of residence in city or town where depth occurred yrs.  Month  A Residence: No.  (Unusplace of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED  OR BYORCED Course the world  (Williage or City  Ward.  Il sourceident give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  22. I HER BY CERTIFY, That I stended deceased of (William)  AND CONTROL OF BIRTH (month, day, and year)  7. AGE  Vars  Months  Days  If USS than  I days.  I shad over doose as SINNER,  SANYER, BOOKEPER, are.  9. Industry or basiness in which  SANYER, BOOKEPER, are.  9. Industry or basiness in which  SANYER, BOOKEPER, are.  10. Date deceased last worked at 1 page 1 for the country)  Mill, BRAN, etc.  11. Total time (years)  Sanyer, Bookeper, are.  12. BIRTHPLACE (city or town)  Cisite or country)  Name of operation.  Sanyer, City or town)  Sanyer, Country  Name of operation.  Name of operation	1. PLACE OF DEATH	183
Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Length of residence is NAME intered of street and number)  2. FULL NAME  (a) Residence: No.  (Usualpiace of abode)  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  4. COLOR OR RACE  S. SINCLE, MARRIED, WIDOWED, OR DIVORCED WITH the word of corn hilfs of the control		Registration Dist. No.
Length of residance in city or town where death occurred		
(a) Residence: No.  (b) Ward.  (c) Ward.  (d) Ward.  (d) Ward.  (d) Ward.  (d) Ward.  (d) Ward.  (d) Ward.  (e) Ward.  (e) Ward.  (f) Ward.  (f	VV	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write by word)  1. DATE OF DEATH  1. DATE OF DEATH  1. DATE OF BIRTH (month, day, and year)  2. THE REBY CERTIFY. That I attended deceased from the state stated above, B. 3. 2. p.m.  4. Color or RACE  1. DATE OF BIRTH (month, day, and year)  2. THE REBY CERTIFY. That I attended deceased from the state stated above, B. 3. 2. p.m.  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write by word)  2. THE REBY CERTIFY. That I attended deceased from the state stated above, B. 3. 2. p.m.  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write by word)  2. THE REBY CERTIFY. That I attended deceased from the state stated above, B. 3. 2. p.m.  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write by word)  2. THE REBY CERTIFY. That I attended deceased from the state stated above, B. 3. 2. p.m.  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, (Month)  Color William Saw h.  alive on.  11 last saw h.  alive on.  12 last saw h.  alive on.  13 have been counted above, B. 3. 2. p.m.  14 bay.  15 hard of work done as STINNER,  SAW MILL, BANK, etc.  16 SIRTIPLACE (city or town)  Color of the state of the	2. FULL NAME William Hen	my Shakespeare
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED crimit the word)  Sa. If married, widowad, or divorced (roy) Wife of (roy) Wife	(a) Residence: No.	St., Ward.
3. SEX  4. COLOR OR RACE OR DIVORCED Centre by word)  5. If married, widowad, or divorced HUSBAND HUSBAND FOR BIRTH (month, day, and year) FOR BIRTH (month, day, and		
OR DIVORCED ("wire the word)  193 H  ("Month) (Day) ("Wer)  194 H  ("Month) (Day) ("Wer)  22. I HEREBY CERTIFY. That I attended deceased from the control of		
So. If married, widowad, or divorced  (HISBANC, INC.)  (Free)		21. DATE OF DEATH 4
HUSBAND of Cory Wife of Cory Wi		(Month) (Day) (Yeer)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yaars  Months  Days  If LESS than  to have occurred on the date stated above, \$\(\textit{D}\) \(\textit{Q}\) \(\textit{D}\) \(\textit{D}\	HUSBAND of	22 I HEDERY CERTIEV That Lattended deceased from
Tage profession, or particular for min.    Comparison   C	(or) WIFE of	Plan Michael Carlo to TITE OF 191
TAGE Yaars Months Days IT LESS than 1 day, hrs. of 1 day, hrs.	DATE OF RIRTH (month day and year) Q bail 7 2 191	I last saw h alive on 19 ; death is sei
Trade, profassion, or particular ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  Trade, profassion, or particular ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  The PRINCIPAL CAUSE OF D		
9. Trade, profassion, or particular.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation (month and year)  12. BIRTIPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Steta or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  10. Date do star and cause of importance:  19. Undertaker  20. Contributery Causes of importance:  19. Undertaker  (Addrass)  10. Date do star and causes (VIOLENCE) fill in also the following:  Accidant, suicida, or homigiday  (Specify city or town, country and Siarc)  Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PRACE.  (Addrass)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)		The PRINCIPAL CAUSE OF DEATH and related causes of importance
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Other Contributory Causes of importance:  Other Contributory Causes of i	SAWYER, BOOKKEEPER, atc.	10,0
Other Contributory Causes of importance:  Other Contributory Causes  Name of operation  Other Contributory Causes  Name of operation  Other Contributory Causes  O	9. Industry or business in which work was done, as SILK MILL,	Idody recovered w/ /2 m. 1934
Other Coutributory Causes of importance:  Other Coutributory  Other Coutributo	Sportin this	I mudiale death
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Steta or country)  What tast confirmed diagnosis? Was there an au'opsy?  23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicida?  (Specify city or town, country and State)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  17. INFORMANT  (Specify city or town, country and State)  Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disaase or injury in any way ralated to occupation of dacaasad?  16. So, specify  (Signad)  17. Was disaase or injury in any way ralated to occupation of dacaasad?  18. Signad)	C	Other Coutributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Steta or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Signed)  10. UNDERTAKER (Signed)		
What tast confirmed diagnosis? Was there an au'opsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Steta or country)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PRACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Date  19. UNDERTAKER  (Addrass)  (Stepand)  19. UNDERTAKER  (Addrass)  (Stepand)  (Signed)  (Signed)		
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15. MAIOEN NAME  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Steta or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Date  Date  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  If so, specify  (Signed)  (Signed)  Was there an au'opsy?  Accidant, suicida, or homicida.  Specify or town, county and State.  (Specify city or town, county and State.)  Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  19. UNDERTAKER  (Signed)  (Signed)  (Signed)  (Specify in also the following:  Accidant, suicida, or homicida.  (Specify in also the following:  Accidant, suicida, or homicida.  (Specify city or town, county and State.)  Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  19. UNDERTAKER  (Signed)  (Signed)	(State or country)	
Where did inferrectors  (Specify city or town, county and State)  17. INFORMANT Cally are Subjected to the Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PRACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place Date Date Date Date Date Date Date Dat		
Where did inferrectors  (Specify city or town, county and State)  Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PEACE.  (Addrass)  Bannar of jojury  Wannar of jojury  19. UNDERTAKER  A CADA  19. UNDERTAKER  (Addrass)  If so, specify  (Signed)	10. majorii itamic camanin significan	C 0 7 7 7 1
Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PRACE.  (Addrass)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	16. BIRTHPLACE (city or town)	
(Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place Pla	P 15 . 8 31. Patt	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place of Date 105 7, 1934  19. UNDERTAKER 105 105 105 105 105 105 105 105 105 105		Specify whathat injury occurred in INDUSTRY, IN HOME, OF IN PUBLIC PEACE.
Place I Date III Date III Place III		Mannar of Minry Engaged in short on in
(Addrass) Will a will MC If so, specify (Signed)	Place Date LUS 7 1934	H
2017 24 Mail 2/10/00 (Signed) Hand A. D. D. C. A. W		24. Was disaase or injury in any way ralated to occupation of dacaasad? ?
	20. FILED Fet 7 1934 W.J. Dricks	(Signed) Larry L. Dell Car, M.
Registrar. (Actives Control of the C	of the first of the second	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MARCO SE LIDA	July 5,1927	Peritonitis	3 days ago
	BU S.	4.3		
Other contributory	causes of importance:	Y .	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

n of infor- ould state OCCUPA.	1. PLACE OF DEATH  County Kenad	Beside the DEATH 01702
Every iten CIANS sh tement of	Village or City Bellevior  (If  Length of residence in city or town where death occurred yrs mos  2. FULL NAME AND SLO	Registration Dist. No.  No.  St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds
	(a) Residence No. (Usual place of abode)	St.,Ward
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TX .	3. SEX 4. COLOR OR RACE OR DIVORCED (awrite the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
AN AC AC Ssife	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine & Stokes	22. HEREBY CERTIFY That lattended deceased from
PERM EXA	6. DATE OF BIRTH (month, day, and year) Jawl 1866 7. AGE Years Months Days If LESS than	I last saw h dive on 2 , death is said to have occurred on the date stated above, at 12 1 m
FOR I IS A P stated properly certificat	Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
RVED  K—THIS  ould be  may be  back of	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL,	struck 2
INK INK E sh t it	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10 Date deceased last worked at this occupation (month and year)  11 Total time (years) 30 years)	
S S S S	12. BIRTHPLACE (city or town) Stell Forms (State or country)	Other Contributory Causes of Importance:
ARG UNFA ipplied terms,	13. NAME John Stabas	
H U sur in to	13. NAME John Stobas  14. BIRTHPLACE (city or town) — Preland (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
full full	15. MAIOEN NAME anna Collain	If death was due to external causes (VIOLENCE) fill in also the following:
I i i	16. BIRTHPLACE (city or town) Poland	Accident, suicide, or homicide? Date of injury, 19,  Where did injury occur?
A G G Z	17. INFORMANT who stokes	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
L sh E C is	18. BURIAL, CREMATION OR REMOVAL Place Cherter Curposte In Car 2,19 2,0	Manner of Injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER BRETERING	24. Was disease or injury in any way related to occupation of deceased?
V. S. N.	20. FILEO March , 1934 godelals Registrar.	(Signed) M. D. M.
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WITH V. S. No. 1 N. B.

1. PLACE OF DEATH	D—CERTIFICATE OF DEATH 01703
1 // -	Project No. 10 20 20
County nearly leave 0	Registration Dist. No. 202
Village or City Maryland	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mos ds. How long in U.S. if of foreign birth? yrs. mos ds
2. FULL NAME Britton Lowers	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SIMBLE, MARRIED, WILL	
m w might	193 7
5a. If married, widewed, or diversed	(Month) (Oay) (Year)
HUSBANO of Consum F Book	22.   HEREBY CERTIFY, That I attended deceased from
- The state of the	- 15 - 194 , to 2 - 18 , 195)
6. DATE OF BIRTH (month, day, and year) Fel, 28, 1870	I last saw hiz alive on 2 - 15, death is said
7. AGE Years Months Days If LESS	The state of the date stated above; at the state of the
63 11 17 1 day,	I THE FAINCIFAL CAUSE OF DEATH 2010 PARTED CAUSES OF HITHOGRAPHE
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occuration (month and	
10. Oate deceased last worked at this occupation (month and spent in this	
year) occupation	Charles Constant of AD
12. BIRTHPLACE (city or town) Kent C.	Other Contributory Causes of importance:
(State or country)	
13. NAME Learge C/ Towner	
13. NAME Zeorge C Journe 14. BIRTHPLACE (city or town) / Kent B.	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME	
- Ranges	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of Injury, 19
Day 7 1000	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Metel a. Carroll	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Chestertown, Med.	
	Manner of injury
Place Chester Camelony Oate 7/7,	Nature of Injury
19. UNDERTAKER Chas & World	24. Was disease or injury In any way related to occupation of deceased?
(Address) Chestertown, Mil	If so, specify for the form of
20. FILEO. Feb 16, 1934 W.T. 2	(Signed) All Crys. M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

11

PLACE OF DEATH	STATE OF MARYLAND
County Pew	@ CERTIFICATE OF DEATH
W 11 - 1-	Registration Dist. No.
Village or Chillest (No.	St: Ward)  St: Ward)  (If death occurred le a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
l-officie	1
4 COLOR OR RACE  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH 18 , 1841	I HEREBY CERTIFY, That I attended the deceased from 30 1924 to 1924
(Month) (Day) (Year)	that I last saw h Attalive on 19234
7 AGE	
8 Hyrs. mos. ds. or min.?	
*B OCCUPATION (a) Trade, profession or	Chr. Valenta heart ducase
particular kind of work	+ hefkelii -
(b) General nature of industry business, or establishment in	(Duration) yrs
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)yrs
10 NAME OF FATHER DAY MANY OF STREET	(Signed) Munot Paris M. D.
11 BIRTHPLACE	2/ 2 1924 (Address) m. 12ut
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Farriett Bostrike	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) wan // Marinant	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1939
15 Filed Feb, 3 1934 Elleriett Brice	2D UNDERTAKER ADDRESS
Depty	16 W Savetoga St. Balton Requesting V. S. No. 1.
If more blanks are needed, addre. Ltate Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

01704

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Furm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Compositor, Architect, Locomotive engineer, (b) Automobile factory. The muterial (6) Grocery,

Statement of Cause of Death—Name, first, the DISBACK CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Enhaustion," "Heart ranne,"
"Old Age," "Shock,"
"Iraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJULY "PUERPERAL septicaemia," "PUERFERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease, Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.